CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

this form.	TION GUIDE explains how to complete (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	CONCERNO	OFFICE USE ONL
	CONSTABLE LUKE W NICKNAME LAST SUFFIX	Date Received
4 CANDIDATE/	MERCER	
OFFICEHOLDER ADDRESS		
Change of Addre	3815 Grayson Lane, Austin, TX 78722	Date Hand-delivered to Date Posteria
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI	2: -
NAME	Mr. Thomas NICKNAME LAST SUFFIX	Receipt # Amount Date Processed
	McClinton, Sr.	Date Imaged
CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
(Residence or business	1135 Thorny Brook Trail, Austin, TX 7875	0
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 258-3352	
REPORT TYPE	(312 /230-3332	
REPORT TIPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15 Bith day before election Exceeded \$500 limit	Final report (Altach C/OH - FR)
PERIOD COVERED	Month Day Year Month Day 01 15 2002 THROUGH 7 15	Year DO2 ;
ELECTION	ELECTION DATE ELECTION TYPE	` <u>`</u>
	Month Day Year 11 01 00 Primary Runoff X Ger	eral Special
DFFICE	OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)	
IOTION .	Travis County Constable, Pct One	
NOTICE DE DIRECT CAMPAIGN EXPENDITURE	 Direct campaign expenditures are campaign expenditures made by others without the candidate Candidates are required to disclose this information only if they receive notification of the direct car 	e's prior consent or approval. npaign expenditure. ••
	Nama :	
N/A	Address / PO Box: Apt. / Suite #; City; State; Zip Code	
additional pages		
ŀ		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

Į.			
14 C/OH NAME			15 ACCOUNT #(Einles Commission liters
į LU	JKE W MERCER	•	
16 NOTICE FROM POLITICAL COMMITTEE(S)	•• This box is for no may have been mad	otice of political expenditures by political committees to support the candide without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	idate / officeholder. These expenditures stes and officeholders are required to repo
COMMITTEE(S)	сомміттее туре	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
N/A	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
t t	profision	COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE ACTIVITY	Check here if n	o reportable activity occurred during this reporting period. (Sign affidavil belo	w and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE:	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS), UNLESS ITEMIZED	\$ _0-
,		POLITICAL CONTRIBUTIONS [HAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL PO	DLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL P	OLITICAL EXPENDITURES	\$ -0-
OUTSTANDING LOAN TOTALS	5. TOTAL PR LAST DAY	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OF THE REPORTING PERIOD	\$0_
9 AFFIDAVIT			1 -0-
		I swear, or affirm, under penalty of perjuits true and correct and includes all informe under Title 15, Election Code.	
•		Rufie Ma Signature of Candidate	Claude or Officeholder
AFFIX NOTARY STAMP / S	SEAL ABOVE		
worn to and subscribed	I before me, by the	saidLuke W_Mercer	.:. u - 11+b
		which, witness my hand and seal of office.	nis the <u>11th</u> day
Verslight.	William		
Signature of officer admin	nistering oath	Jewel A Williams, Notary Public Printed name of officer administering oath	Shate of Texas

-	PURPOSE COMMITTE I FINANCE REPORT	5155	FORM SPAC COVER SHEET PG 1
The SPAC Instruction (GUIDE explains how to complete this	1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 COMMITTEE NAME Citizens for a	Travis County Hospital Dis	trict	OFFICE USE ONLY
4 COMMITTEE ACORESS Change of Address	P. O. Box 300041 Aus	city; state. zip code	Date Hand-delivered or Date Ensimarken
5 C/MPAIGN TREASURER N/ME	TITLE FIRST David NICKNAME LAST Weiser	MI NMI SUFFIX	Receipt # Amount Date Processed Date Imaged
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 812 San Antonio St., Ste.		78701
7 CAMPAIGN TREASURER'S M/:ILING ADDRESS Change of Address	P. O. Box 300041	ITE#; CITY; STATE; Austin Tx	78703
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 322-0600	EXTENSION	
9 REPORT TYPE	January 15	30th day before election 8th day before election Runoff	Exceeded \$500 limit Dissolution (attach PAC-DR) 10th day after campaign treasurer lermination
10 PERIOD COVERED	Month Day Year 01 / 01 / 02	THROUGH	Month Day Year 06 / 30 / 02
11 ELECTION	Month Day Year	ON TYPE Primary Runoff	. General Special
	GO TO F	PAGE 2	

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC

PURPOSE A	ND TOTALS		(SOVER SHEET PG 2
12 COMMITTEE NAME Citize	ns for a Travi	s County Hospital District		ACCOUNT # (Ethics Commission filers)
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)	CANDIDATE	CANDIDATE / OFFICEHOLDER NAME		•
X SUPPORT	OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeh	nolder)	
OPPOSE		BALLOT IDENTIFICATION / #	ELE:	CTION DATE Day Year
ASSIST (officeholders only)	MEASURE	NA DESCRIPTION		
		Creation of hospital distric	t	
14 NO REPORTABLE ACTIVITY	Check here if no	o reportable activity occurred during this reporting period. (Sign	affidavit bel	ow and submit pages 1 and 2 only)
15 CONTRIBUTION TOTALS		ICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		\$
	i e	ITICAL CONTRIBUTIONS I PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 886.16
EXPENDITURE TOTALS	3. TOTAL POLIT	CAL EXPENDITURES OF \$50 OR LESS, UNLESS ITE	MIZED	\$
	4. TOTAL POL	ITICAL EXPENDITURES		\$ 40.00
OUTSTANDING LOAN TOTALS		IPAL AMOUNT OF ALL OUTSTANDING LOANS AS O THE REPORTING PERIOD	FTHE	\$
SALLY NOT STAT	B. WITTLIFF PARY PUBLIC TE OF TEXAS EXP. 10-20-2003	I swear, or affirm, under penalty or report is true and correct and incluse reported by me under Title 15. Ele	des all i	nformation required to be
		Signature of can David Weiser	npaign tre	easurer
AFFIX NOTARY STAMP / SEA	AL ABOVE		Control of the Contro	
Sworn to and subscribed			tl	his the 10 hay
of July, 20_	_ 02 , to certify wh	nich, witness my hand and seal of office.	1	ļ
Signature of office admini	stering oath	SALY B.W.H. Ff	No le of offici	er administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

Anne C. McAfee 6 Contributor address; City, State; Zip Code 4831 Timberline Dr. Austin, Tx 78746 35.00 9 Principal occupation (Optional) Retired Date Full name of contributor Out-of-state PAC (ID# Occupation (Optional) Principal occupation (Optional) Prin					SC-SPAC, SPAC, & SPAC-SS)
Citizens for a Travis County Hospital District 4 Date 4 Date 5 Full name of contributor Date State; Zip Code Anne C. McAfee 6 Contributor address; City, State; Zip Code 4831 Timberline Dr. Austin, Tx 78746 35.00 9 Principal occupation (Optional) To Employer (Optional) Amount of Contributor address; City, State; Zip Code Pr. O. Box 2561 Austin Tx 78768 250.00 Principal occupation (Optional) Employer (Optional) Employer (Optional) Date Full name of contributor Dest-d-state PAC (ID# Amount of Contributor address; City, State; Zip Code P. O. Box 2561 Austin Tx 78768 250.00 Principal occupation (Optional) Employer (Optional) Employer (Optional) Date Full name of contributor Dest-d-state PAC (ID# Amount of Contributor address; City, State; Zip Code 4104 North Hills Dr. Austin Tx 78731 100.00 Principal occupation (Optional) Employer (Optional) In-kind contribution (In application (In a	The Instruction	ON GUIDE explains how to complete this form.	-	1 '-	Schedule A1:
4 Date 5 Full name of contributor contributor contributor contributor 5 Full name of contributor contr	2 FILER NAM	Е	 ,	3 ACCOUNT# (E	thics Commission filers)
Anne C. McAfee 6 Contributor address; City; State; Zip Code 4831 Timberline Dr. Austin, Tx 78746 35.00 9 Principal occupation (Optional) Retired Date Full name of contributor Guy Herman Campaign Committee Contributor address; City; State; Zip Code P. O. Box 2561 Austin Tx 78768 250.00 Principal occupation (Optional) Date Full name of contributor Guy Herman & Lynn Blais Cortibutor address; City, State; Zip Code 4/17/02 Guy Herman & Lynn Blais Cortibutor address; City, State; Zip Code 4/104 North Hills Dr. Austin Tx 78731 100.00 Principal occupation (Optional) Principal occupation (Optional) Employer (Optional) Principal occupation (Optional) Principal occupation (Optional) Employer (Optional) Principal occupation (Optional) Amount of contribution (description (if applied description (if applie	Citizens f	for a Travis County Hospital Dis	strict		
6 Contributor address; City, State; Zip Code 4831 Timberline Dr. Austin, Tx 78746 35.00 9 Principal occupation (Optional) Retired Date Full name of contributor	4 Date	5 Full name of contributor out-of-state PAC (ID#:		/I	8 In-kind contribution description (if applicable)
4831 Timberline Dr. Austin, Tx 78746 35.00 Principal occupation (Optional) 10 Employer (Optional)	4/16/02			1 1 1	İ
Principal occupation (Optional) Bate Full name of contribution Contributor address; City, State, Zip Code 2800 Oak (rest Austin Tx 78704 Principal occupation (Optional) Counselor Planned Parenthood Planned Parenthood In-kind contribution (description (if applications)) Planned Parenthood In-kind contribution (optional) Counselor Planned Parenthood In-kind contribution (optional) Contributor address; City, State, Zip Code Planned Parenthood In-kind contribution (optional) Counselor Planned Parenthood In-kind contribution (optional) Contributor address; City, State, Zip Code Contributor address; City, State, Zip Code			Tx 78746	35.00	<u> </u>
A/17/02 Guy Herman Campaign Committee Contributor address; City. State; Zip Code P. O. Box 2561 Austin Tx 78768 250.00 Principal occupation (Optional) Date Full name of contributor Guy Herman & Lynn Blais Contributor address; City. State; Zip Code 4/17/02 Guy Herman & Lynn Blais Contributor address; City. State; Zip Code 4/104 North Hills Dr. Austin Tx 78731 100.00 Principal occupation (Optional) Judge Law Professor Travis County University of Mary C. Cullinane Contributor address; City. State; Zip Code 2800 Oak Crest Austin Tx 78704 25.00 Principal occupation (Optional) Counselor Principal occupation (Optional) Counselor Full name of contributor Counselor Counselor Countributor address; City. State; Zip Code 2800 Mary C. Cullinane Contributor address; City. State; Zip Code Planned Parenthood In-kind contributor description (if application (S) In-kind contribution (S)	· ·		10 Employer (Option	nal)	
P. O. Box 2561 Austin Tx 78768 250.00 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (if application (If application (III)) Guy Herman & Lynn Blais Contributor address: City, State, Zip Code 4104 North Hills Dr. Austin Tx 78731 100.00 Principal occupation (Optional) Law Professor Employer (Optional) Judge Law Professor Travis County University of Solution (III) In-kind contribution (IIII) In-kind contribution (IIIII) In-kind contribution (IIII) In-kind contribution (IIIII) In-kind contribution (IIII) In-k	Date	Full name of contributor Out-of-state PAC (ID#:			In-kind contribution description (if applicable)
Principal occupation (Optional) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (# application	4/17/02				
Date Full name of contributor		P. O. Box 2561 Austin Tx	78768	250.00	,
Guy Herman & Lynn Blais Contributor address; City, State; Zip Code 4104 North Hills Dr. Austin Tx 78731 100.00 Principal occupation (Optional) Judge Law Professor Travis County Date Full name of contributor out-of-state PAC (ID# Armount of contribution (\$) Principal occupation (Optional) Contributor address; City State; Zip Code 2800 Oak Crest Austin Tx 78704 25.00 Principal occupation (Optional) Counselor Planned Parenthood Date Full name of contributor out-of-state PAC (ID# Armount of contribution (\$) Principal occupation (Optional) Counselor Planned Parenthood Date Full name of contributor out-of-state PAC (ID# Armount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$) In-kind contribution description (if applice of contribution (\$) In-kind contribution of contribution (\$) In-kind contribution of contribution of contribution (\$) In-kind contribution of contribution of contribution of contribution (\$)	Principal occu	pation (Optional)	Employer (Option	l nal)	
Principal occupation (Optional) Date Contributor address; City; State; Zip Code Law Professor Date Full name of contributor Contributor address; City; State; Zip Code 2800 Oak Crest Austin Tx 78704 Principal occupation (Optional) Counselor Date Principal occupation (Optional) Principal occupation (Optional) Counselor Date Principal occupation (Optional) Counselor Date Contributor address; City; State; Zip Code 2800 Oak Crest Austin Tx 78704 Principal occupation (Optional) Counselor Date Full name of contributor Mary C. Cullinane Contributor address; City; State; Zip Code Planned Parenthood Amount of contribution (S) Amount of contribution (S) In-kind contribution description (if applice on tribution (S)) Amount of contribution (S) Contribution (S)	Date	Full name of contributor			In-kind contribution description (if applicable)
Principal occupation (Optional) Judge Law Professor Travis County University of Travis County University of Amount of contribution (if applies 5/01/02 Mary C. Cullinane Contributor address; City: State; Zip Code 2800 Oak Crest Austin Tx 78704 Principal occupation (Optional) Counselor Date Full name of contributor Counselor Date Full name of contributor Counselor Date Full name of contributor Counselor Counselor Date Full name of contributor Counselor Contributor address; City: State; Zip Code Planned Parenthood In-kind contribution (description (if applies of contribution (s)) Contributor address; City: State; Zip Code	4/17/02	1 -		:	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (fl applica of contribution (fl applica of contribution (fl applica of contribution (Optional) Counselor Planned Parenthood Principal occupation (Optional) Counselor Planned Parenthood Ontribution (fl applica of contribution (fl applica of contribution (S) Ontribution (4104 North Hills Dr. Austin Tx	78731	100.00	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) In-kind contribution (\$) Mary C. Cullinane Contributor address; City: State; Zip Code 2800 Oak (Crest Austin Tx 78704 25.00 Principal occupation (Optional) Employer (Optional) Counselor Planned Parenthood Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) In-kind contribution (\$) Principal occupation (Optional) Planned Parenthood In-kind contribution (\$) In-kind contri			Employer (Option	al)	
Contributor address; City: State: Zip Code 2800 Oak Crest Austin Tx 78704 Principal occupation (Optional) Counselor Date Full name of contributor Full name of Contributor Counselor Contributor of Contributor Counselor Date Full name of Contributor Contributor address; City: State: Zip Code Contributor address; City: State: Zip Code Contributor address; City: State: Zip Code	Jı	idge Law Professor	Travis	County	<u>University of Tex</u>
Principal occupation (Optional) Counselor Date 5/28/02 Full name of contributor out-of-state PAC (ID#. Amount of contribution (\$) description (if application (\$) Amount of contribution (\$) Contributor address; City; State; Zip Code					In-kind contribution description (if applicable)
Principal occupation (Optional) Counselor Date 5/28/02 Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) description (if application (\$) Contributor (\$) Contributor (\$) Contributor (\$)		Contributor address; City; State; Zip Code		9 i	
Date Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (# application (# a	İ	2800 Oak Crest Austin Tx 7	8704	25.00	
Date 5/28/02 Full name of contributorout-of-state PAC (ID#:) Amount of contribution (\$) Mary C. Cullinane Contributor address; City; State; Zip Code	Principal occup	pation (Optional)	Employer (Option	al)	
6/28/02 Mary C. Cullinane Contributor address; City, State; Zip Code	Counselor Planned Par		renthood		
					lri-kind contribution description (if applicable)
2800 Oak Crest Austin Tx 78704 25.00		Contributor address; City; State; Zip Code			
		2800 Oak Crest Austin Tx 78	704	25.00	
Principal occupation (Optional) Employer (Optional)	Principal occur	nation (Ontional)	Employer (Ontion		
Counselor Planned Parenthood		• • •	1	•	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

OTHE			:	SC-SPAC, SPAC, & SPAC-SS)
The Instruc	пом Guide explains how to complete this form.		1 Total pages this	
2 FILER NAM	ME		3 ACCOUNT# (Et	hics Commission filers)
Citizens	for a Travis County Hospital Dis	strict	<u>;</u>	
4 Date	5 Full name of contributor out-of-state PAC (ID#.		7 Amount of contribution (\$)	8 In-kind contribution
5 /28/02	Guy Herman Campaign Committee	2	Contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code	•		! 5 reams
	P. O. Box 2561 Austin Tx	78768	13.52	xerox paper
9 Principal occ	cupation (Optional)	10 Employer (Option	nal)	
Date	Full name of contributor		Amount of	In-kind contribution
6/05/02	Guy Herman Campaign Committee	•	contribution (\$)	description (if applicable)
	Contributor address; City; State: Zip Code			
	P. O. Box 2561 Austin Tx	78768	62.64	(binders) notebooks
Principal occ	upation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
6/10/02	Mary Lou McLain		contribution (\$)	description (if applicable)
	Contributor address; City, State. Zip Code			
	4001 Bradwood Austin Tx 787	22	100.00	
Principal occu	upation (Optional)	Employer (Option	al)	
	Nurse	Set	on	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/11/02	Charles O. Grigson, Attorney Contributor address; City, State; Zip Code			
	604 W. 12th St. Austin Tx 7	8701	250.00	
Principal occu	upation (Optional)	Employer (Optional Self		
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution
6/16/02	Mary C. Cullinane		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		l l	
	` · · · · · · · · · · · · · · · · · · ·	8704	25.00	
Principal occu	pation (Optional)	Employer (Options	ni)	
	Counselor	Planned Pa		
			: :	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

The Instruct	TION GUIDE explains how to complete this form.	1 Total pages Sch	nedule I:
FIL ER NAM	ME	3 ACCOUNT # (E	thics Commission filers)
Cimizens	for a Travis County Hospital District		
Date	5 Payee name		8 Amount
4/23/02	U.S. Postal Service 6 Payee address; City; State; Zip Code Central Park 3507 N. Lamar Blvd Austin,	Tx 78703	40.00
	7 Purpose of expenditure (See instructions regarding type of information to	required.)	
	Postal box rental		
Liate	Payee name		Amount
	Payee address; City; State: Zip Code		(\$)
	Purpose of expenditure (See instructions regarding type of information re	equired.)	
[ate	Рауее лате	:	Amount
	Purpose of expenditure (See instructions regarding type of information re	equired.)	(\$)
		Ų.	
C ate	Payee name	1	A
	Payee address; City, State; Zip Code		Amount (\$)
	Purpose of expenditure (See instructions regarding type of information re	equired.)	
L ate	Payee name		Amount
	Payee address; City; State; Zip Code		(\$)
	Purpose of expenditure (See instructions regarding type of information re-	quired.)	